

CONTRACTORS APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Website Address: _____

3. Please give a COMPLETE description of Applicant's operations: _____

4. How long has the Applicant been in business? _____

Describe Applicant's experience in this business: _____

5. Please advise total gross receipts/revenue from all operations: \$ _____

a) Work you do on your premises for customers: \$ _____

b) Work performed away from your premises: \$ _____

c) Work performed outside of Canada: \$ _____

d) Other (e.g. sale of goods or parts, pls. describe) \$ _____

_____ TOTAL: \$ _____

Cost of Sub-let work included in above \$ _____

6. If any of the following operations are conducted, give extent:

Wrecking or Demolition % Off-Premises Welding %

Underpinning: % Blasting: %

Excavation: % Pile-Driving: %

Logging: %

7. **Total payroll:** _____

No. of employees: _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

8. Territorial range of operations: _____

 Describe the average size of job undertaken by the Applicant: _____

- Describe the largest job undertaken by the Applicant: _____

9. Confirm all operations are carried out in conformity with Standard Industry Practice: _____

10. Describe work performed for Applicant by sub-contractors: _____

11. Is evidence of Liability Insurance obtained from all sub-contractors? YES NO
 If "No" please explain _____
 If "Yes", please advise what limits they are required to provide. _____
12. (a) If consultants involved in connection with Applicant's operations, please identify their type of work:

- (b) Does the Insured do any design work? YES NO
- (c) Describe the qualifications of any staff doing design work: _____
- (d) Is Errors & Omissions cover carried by any designers/consultants? YES NO
13. List courses, seminars, etc., that the principals and supervisory staff have completed: _____

14. What instructions will be given to new employees? _____

15. If consultants involved in connection with Applicant's operations, please identify their type of work:

16. Describe any Contractual Agreements where you assume the liability of another party (except lease of premises, easement, or side-track agreements): _____

17. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____

Premium: _____ Limit : \$ _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

18. Claims History:

Include total costs from ground up for each claim, whether Insured or not, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

19. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly ____ Occasionally ____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

20. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? YES NO

21. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NO.:	_____
FAX NO.:	_____